## Florida Department of State

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIG SIPERSTEIN DERMATOLOGY LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SIPERSTEIN DE	RMATOLOGY LLC			
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on or Liability Company)	ur records.)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L09000104935</u>	were filed on October	30, 2009	and assi	gn <b>ed</b>
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lial	oility company here:			
SIPERSTEIN DERMATOLOGY GROUP PLLC	· · · · · · · · · · · · · · · · · · ·			
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designat	ion "LLC" or the abbrev	iation "L.L	C."
Enter new principal offices address, if applicable:		for yo	5:33 [V3	
(Principal office address MUST BE A STREET ADDRESS)		59	<u> </u>	
		-1-1-4 1-1-1-4	('M')	
		<i>Ç</i> , 30	C)	
Enter new mailing address, if applicable:		71 o	``	M
(Mailing address MAY BE A POST OFFICE BOX)		SI.	<u></u>	
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		سر ح	<u> </u>	<u>_</u>
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	ffice address on our <u>e</u> :	records, enter the	'name o	f the new
Name of New Registered Agent:			,	
New Registered Office Address:				
New Avegasets a Office 7 add 633.	Enter Florida stre	et address		
		, Florida		
	City		ip Code	
New Registered Agent's Signature, if changing Registered Agent:	<u>.</u>			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my di provided for in Chapte	ities, and I am fami er 605, F.S. Or, if th	liar with us docun	and nent is

If Changing Registered Agent, Signature of New Registered Agent

## 12/30/2016 11:03 FAX

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Elizabeth Nestor, M.D.	9897 Hagen Ranch Road	
		Boynton Beach, FL 33472	☐ Remove
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E. Effective	date, if other t	han the date of f	Iling: January 1, 2017 c and cannot be prior to date of	(ор	tional)	
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Dated D	ecember 29				<b>~</b> ≥	
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